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By Robert Miller
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Photography by Carol Kaliff
Dr. Robert Deveney, an orthopedic surgeon at Danbury Orthopedic Associates, has refined the surgical tools he uses so he can work through a very small incision — three or four inches instead of eight or 10 — on the outside of the hip.

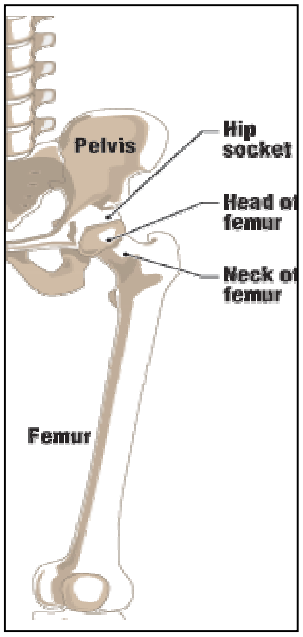
Dr. Robert Deveney slices weeks off hip surgery recovery time

When the cartilage in your hip gets so threadbare you can only limp across the room, wincing with every step, there's something doctors can do today — replace your worn hip parts with new ones.

Now, Dr. Robert Deveney has taken the process to the next step — making the surgery itself less painful and cutting recovery time by weeks. "I don't know where all this will end up, but it's clearly the wave of the future,'' Deveney said of the minimally-invasive surgical techniques he's helped develop. "If you look at almost all surgery, doctors are trying to make it less invasive.''

His patients are delighted with the results. "It's remarkable,'' said James Triacca, 40, of Sherman. "I can't tell you how relieved I am.'' "When I was in the hospital, the nurses complimented me on what a nice, small scar I had,'' said Joyce Buttikofer, 70, of Bethel. "Then, when I went to Bethel Health Care for rehabilitation, they told me I was on the fast track. I had the surgery on Dec. 9 and I was home Dec. 24.''

Charlotte Shapiro 77, of Heritage Village in Southbury had her hip replaced by Deveney on Dec. 16. Five weeks later, she was walking without a cane. "My neighbor had his hip replaced by Dr. Deveney a few years ago,'' she said. "He told me his scar is about 12 inches long. Mine is about three to four inches. And my recovery time was much faster.''



What Deveney, an orthopedic surgeon at Danbury Orthopedic Associates, has done is refine the surgical tools he uses so he can work through a very small incision — three or four inches instead of eight or 10. — on the outside of the hip. "This is being done in very few places nationally,'' he said. "It's a significant decrease.'' With a much smaller incision, there's less damage to the body. Patients need far less anesthesia and there's far less blood loss, Deveney said. Because of that, they recover much more quickly. We get them up and walking the next day, and by the third day, they're able to leave the hospital,'' he said. "If they have to go to a rehabilitation center, they spend less time there, and they need less physical therapy.''

A hip joint consists of a ball-and-socket joint lined with cartilage, the smooth slippery surface that allows the joint to move freely. In some older people, the cartilage begins to thin and pit from years of everyday wear-and-tear. "About five years ago, I thought I'd pulled a tendon,'' Buttikofer said. "A little while later, my doctor put me on a pain killer, then said I should see Dr. Deveney. It turned out the cartilage was almost gone.''

"It was a two-year decline'' said Shapiro of her own increasing disability. It was cramping my style, keeping me from hiking and other things I wanted to do.'' In younger people, Deveney said, autoimmune diseases like rheumatoid arthritis can damage the joint. People who take corticosteroids to reduce inflammation over a long period of time can suffer bone damage called aseptic necrosis, which causes the ends of bones to weaken and fracture. Or there can be other problems. Triacca was born with a congenital hip malformation. The problem didn't bother him most of his life. "I'm a workaholic,'' he said. But this year, while building an addition to his house, his hip began to bother him. "That was it,'' he said.

In a hip replacement, the surgeon disassembles the hip, cutting off the ball at the top of the femur — the long bone of the leg — and removing it from the socket in the pelvis. The surgeon then uses a ball-shaped reamer on a drill to clean out the socket in the pelvis, enlarging it to allow the insertion of an artificial socket. The socket can be made of metal, plastic or ceramics, and lined with either a high-density plastic or ceramic. The surgeon then uses other tools to create a space in the femur. He places a metal shaft with a new ball on its top into the femur, then puts the joint back together. The new ball is either metal or ceramic as well. These new joints usually last 15 to 20 years. "I wish they lasted 50,'' said Triacca, who, at 40, probably faces another replacement.

While Deveney, 46, treats a wide range of orthopedic problems, he's a specialist in hip and knee replacements. He's a graduate of the State University of New York's Medical School in Brooklyn. He then had residency and fellowship posts in orthopedic surgery at the New York Orthopeaedic Hospital at Columbia Presbyterian Medical Center in New York, and a reconstructive surgery fellowship at Emory University School of Medicine in Atlanta. He's practiced at Danbury Orthopedic Associates and Danbury Hospital since 1989.

Doing the surgery over the years, he began to refine his work to make the incision that allows access to the joint smaller. To do that, he's also had to consult with the companies making his surgical equipment to refine the tools he has — making some components, like the reamers smaller, and making other tools thinner and longer, so he can do more work outside the incision. In turn, his patients start using their new hip joint more quickly.

"I was putting weight on it in 10 to 12 days,'' Triacca said. "Then, after I got the stitches out, Dr. Deveney said to see how it felt, and soon, I was walking without crutches. It's been a green light ever since.'' "It's great,'' Buttikofer said. "I'm walking with a cane. But what a difference. The pain is gone.'' "I'm not on the trails yet,'' Shapiro said. "But I hope to be by spring.'' Deveney said he's still refining his work on hip replacements. But he's also turned his attention to knee replacements, trying to use the same minimally-invasive techniques there as well. "My knee surgeries are getting smaller,'' he said. "It's a matter of thinking differently. And then, the new instruments I have allow me to do my work better.''